## FILE NOW: FILING FEE IS \$61.25

. ,NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

oath; that I am an officer o appears in Block 12 of Big

DOCUMENT # 727119

(0)

## MANORS TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address									
ON. INC. (THE 4162 INVERRA LAUDERHILL F	RY DRIVE	ON. INC. (THE) 4162 INVERRARY DRIVE LAUDERHILL FL 33319	4162 INVERRARY DRIVE						
LAUDENMEL	£ 33313	<u> </u>		3. Date Incorporated or Qualified 08/07/1973	3a. Date of Last Report 04/03/1995				
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 23-7441076	Applied For Not Applicable			
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7		Additional lequired
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip	Country 25	Zip <b>29</b>	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name				
	LL PROPERTY MGMT. & REAL ERRARY DRIVE	ESTATE, INC	Ī	82	Street Add	ress (P.O. Box Number is Not Acceptable	9)		
	HLL FL 33319		1	83					
			1	84	City		FL 85	Ζıp	Code
or register	ed agent, or both, in the State of Flo	rida. Such change was authoria	zed by the co	e-n orpo	amed corpo	ration submits this statement for the purp ard of directors. I hereby accept the appo	ose of changing	its re tered	egistered office agent. I am
familiar wit	th, and accept the obligations of, Sec	ction 617.0503, Florida Statute:	S.						
	Signature, typed or printed name of registered age			4ger1	t signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE	-CTO	DS IN 12
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS CHANGES TO OFFI	CENS AND DIT		Addition
TITLE	•••		1.1 THT				L	ungo	
NAME	SILVERMAN, HERBERT 3988 INVERRARY DR.			1.2 NAME					
STREET ADDRESS	CALIDEDURAL EL COCCO			1.3 STREET ADDRESS					
CITY-ST-ZIP	LAUDERHILL, FL 00000	Document	1.4 CIT		T-ZIP		Ch	anne	☐ Addition
TITLE	D Gibbs, Debra	DELETE	21 111					a igo	7100-0011
NAME	4122 INVERRARY DR		2 2 NAI		IDDDC00				
STREET ADDRESS	LAUDERHILL, FL 00000				ADDRESS				
CITY-ST-ZIP	D	DELETE	2 4 Cr		SI - ZIP		[7] Ch	ange	☐ Addition
TITLE	OKSNER, HARRY	Субесте	3 2 NAI					- 0	_
NAME	4082 INVERRARY DR.			3.3 STREET ADDRESS					
STREET ADDRESS	LAUDERHILL, FL 00000		3.3 ST						
CITY-ST-ZIP TITLE	p	DELETE	4.1 10		on reality		☐ Ct	ange	Addition
NAME	TRENK, SEYMOUR		4. 2 NA					-	
STREET ADDRESS	4126 INVERRARY DR.		1	4.3 STREET					
	LAUDERHILL, FL 00000		4.4 CITY -						
CITY-ST-ZIP TITLE	D	DELETE	5.1 TIT				Cr	ange	☐ Addition
NAME	TACHER, AL	<del></del>	5.2 NA	ME					
STREET ADDRESS	4092 INVERRARY DR.				ADDRESS				
CITY-ST-ZIP	LAUDERHILL, FL 00000		5 4 C/1		1				
TITLE	1	DELETE	6 1 TIT				CH	ange	☐ Addition
NAME	LABECK, JACKIE	<del>-</del>		6.2 NAME					
STREET ADDRESS	4044 INVERRARY DR.				ADDRESS				
רודע פו זום	LAUDERHILL FL		6.4 CI	TY-S	ST-ZIP				
14. I do heret	by certify that the information supplie	d with this filing is voluntarily fur	nished and	doe	s not qualify	for the exemption stated in Section 119.	07(3)(k), Florida	Statut	es. I further
certify that	at the information indicated on this are Lam an officer or arector of the cor	nnzal report of supplemental an position or the receiver or trust	nual report is see empewer	s tru red t	ue and accur to execute th	for the exemption stated in Section 119, rate and that my signature shall have the his report as required by Chapter 617, Fli	same legai effec orida Statutes; a	nd tha	at my name

SIGNATURE:
SUGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPTION

CR2E037 (12/95)

Daytime Phone #